## UNITED STATES DISTRICT COURT EASTERN DISTRICT OF MICHIGAN SOUTHERN DIVISION

WILLARD L. SLOAN, EUGENE J. WINNINGHAM, and JAMES L. KELLEY, on behalf of themselves and a similarly situated class,

Plaintiffs,

Case No. 09-cv-10918 Hon. Paul D. Borman Magistrate Mona K. Majzoub

v.

BORGWARNER, INC., BORGWARNER FLEXIBLE BENEFITS PLANS and BORGWARNER DIVERSIFIED TRANSMISSION PRODUCTS, INC.,

Defendants.

**Class Action** 

## **EXHIBIT 9**

TO

## PLAINTIFFS' MOTION FOR SUMMARY JUDGMENT AS TO LIABILITY

# Tentative Agreement on Insurance's and Pensions 11/28/00



#### **Prescription Drugs:**

Effective April 1, 2001 Prescription Plan adds 3<sup>rd</sup> tier at \$25 Co-pay that would apply only when the covered employee insists on a non-preferred drug which is not medically necessary.

Effective April 1, 2001 Mail Order Prescriptions Co-pay of \$5 Generic/ \$7 Brand

Agreed to Language that provides for Medicare wrap around should Medicare Insurance be changed to include Drugs.

#### Health Insurance:

Agreed to provide CIGNA information online as soon as it is available.

Effective April 1, 2001 agreed to eliminate age restrictions on cosmetic surgery.

Effective April 1, 2001 agreed to increase lifetime maximum mental bealth outpatient visits to 60.

Effective April 1, 2001 agreed to increase Major Medical Lifetime maximum to \$1.2 million

Effective March 12, 2001 any employee eligible medical insurance under the SUB Plan will be provided under the PPO Plan.

Increase Deductibles/Stop Losses 5%/year beginning in 2003

#### Sickness and Accident:

Effective first full pay after March 12, 2001 \$335/week Effective first full pay after March 12, 2002 \$340/week Effective first full pay after March 12, 2003 \$345/week Effective first full pay after March 12, 2004 \$350/week Effective first full pay after March 12, 2005 \$355/week

#### Pensions:

#### Defined Benefit Plan-

Effective April 1, 2001 \$29.50 per Month per Year of Service Effective April 1, 2002 \$30.50 per Month per Year of Service Effective April 1, 2003 \$31.50 per Month per Year of Service

> Deferred Vested Benefits will be equal to basic benefit increases.

#### Disability/Special Early Retirement-

Effective April 1, 2002 \$25/Rate \$725 Maximum Benefit Effective April 1, 2004 \$26/Rate \$740 Maximum Benefit Effective April 1, 2005 \$26.50/Rate \$750 Maximum Benefit

#### Supplemental Benefit-

**Effective April 1, 2001 \$1900** Effective April 1, 2002 \$2000 Effective April 1, 2003 \$2100

Effective April 1, 2001 Transition and Bridge increased to \$550

Effective April 1, 2001 Automatic Survivor Benefit increased to 75%

Agreed to language upon ratification that allows for a two-week grace period to allow an employee to work up to two weeks without forfeiting disability retirement.

RSP-

Effective April 1, 2001 401H Match increased to \$500 per Year

New Investment Options for 401K available as soon as possible.

- 1988 employees recalled over age 50 to receive one time CRA adjustment

Life Insurance:

surance: date of stage ucall

Effective April 1, 2001 \$500 increase Effective April 1, 2002 \$500 increase Effective April 1, 2003 \$500 increase Effective April 1, 2004 \$500 increase

#### Accidental Death and Dismemberment:

Effective April 1, 2001 \$500 increase 28000 Effective April 1, 2002 \$500 increase 28500 Effective April 1, 2003 \$500 increase 29000 Effective April 1, 2004 \$500 increase 29600

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## New Hire Agreement Insurance:

#### Attached Health Care Plan

PPO plans with progression on deductibles and stop losses. HMO will also be an option for all new hires.

SERVICE PROVIDED	In Network - Select Circle	Out of Network
Inpatient Services	80% - no deductible	70% – no deductible
Outpatient Surgery/Xray/Lab	80% - no deductible	70% - no deductible
Inpatient Surgery	80% ~ no deductible	70% no deductible
Primary Care Physician - Office Visit	90% after deductible	70% after deductible
Other Physician - Office Visit	80% after deductible	70% after deductible
Outpatient: Mental Health Services	80% after deductible: 20 visits per year and; 40 visits per lifetime.	n/a
Inpatient Mental Health Services	80% no deductible: 30 visits per year and; 60 visits per lifetime.	n/a
Outpatient: Substance Abuse Services	Included in Mental Health Services	n/a
Inpatient: Substance Abuse Services	Included in Mental Health Services	r/a
Emergency Accident Services	80% after deductible	80% after deductible if emergency; 70% if поп emargency
Chiropractic and Podiatry	80% after deductible; Chiropractor limited to \$500 per plan year	70% after deductible; Chiropractor limited to \$500 per plan year
Hospice and Skilled Nursing	100% for terminally III patients limited to \$7,000 per lifetime.	100% for terminally ill patients limited to \$7,000 per lifetime.
Medical Equipment and Prosthetic Devices	eldtisubed refla %08	70% after deductible
Ambulance	80% after deductible	70% after deductible
Physical & Occupational Therapy	80% after deductible	70% after deductible
Home Health Care	80% — no deductible; \$5,000 maximum per plan year.	70% - no daductible; \$5,000 maximum per plan year.
Allergy Treatments	80% after deductible - treatment; 80% no deductible - testing	70% after deductible - treatment; 70% — no deductible - testing
Immediate/Urgent Care Services	80% after deductible	70% after deductible
DEDUCTIBLES		1
Individua	\$250 *	\$500
Family	\$500 *	\$1,000
STOP LOSS		
Individua	<u> </u>	\$2,500
Family	\$2,500	\$5,000
PRESCRIPTION SERVICES	Express Scripts - Value RX Pletyork	
Generic	~	
Select Brand Name/Formular	\$12	
Non-select Brand Name		
Mall Orde	Generic \$5 Brand Meme \$7	

CONTRIBUTIONS		
Individual	no contributions	
Family		.,

\* \$250 increases to \$350 eaually over 5 years/\$500 increases to \$700 equally over 6 years

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## **DENTAL/VISION**

DENTAL	
Coverage A: Diagnostic, Preventive, Palliative	100% no deductible
Coverage B: Restorative, Periodontics, Endodontics, Oral Surgery	80% after deductible
Coverage C: Prosthetics	50% after deductible
Coverage D; Orthodontics	50% after deductible
DEDUCTIBLES	
Individual	\$50
Family	\$50 per person up to four (4) people
LIFETIME MAXIMUMS	
Individual	\$1,250
Family	\$5,000
Orthodontic	\$1000 per person
TMJ	

VISION	
Complete Exam	\$35
Frames	\$28
Lenses:	
single	\$30
bifocal	\$40
trifocal	\$50
contact	\$30
contact (medically prescribed)	N/A
Exams and lenses are once per two calendar years. Frames are limited to one pair every two calendar years unless doctor certifies that new frames are required due to a new prescription.	All services are limited to once every two calendar years.

Dental/Vision Employee Contribution	
Individual	
Family	

\* Dental/Vision Coverage becomes
available after one year of employment.

EMPLOYEE LIFE INSURANCE	
Coverage while actively working	\$15,000

COTALL DEGELORISE HIGH	
OPTIONAL DEPENDENT LIFE	
T. 114,112	

Amount of Coverage	Employee Cost
\$5,000 per eligible dependent	\$2.00
\$10,000 per eligible dependent	\$4.00

A & S Weekly Disability Benefit	
1st of month following gaining seniority	\$125/week for 26 weeks over a consecutive 18 month period
1st of 13th month following seniority date	\$250/week for 26 weeks over a consecutive 18 month period

## Amended 3<sup>rd</sup> Page of Economic Highlights

## New Hire Agreement Insurance:

Attached Health Care Plan

PPO plans with progression on deductibles and stop losses. HMO will also be an option for all new hires.

Boiler Room Fireman effective first full pay after 3/12/01 \$.50 per on call hour.

Utility wage rate will be increased by \$.49 per hour effective first full pay after 3/12/01.

Cancer Benefit for Eligible Active Employees will be extended until 3/12/2006

Retention Bonus will be extended until 3/12/2006